				•	CTATE /	or Illinois	PERMIT NO.	/3.3/
		ORIGINAL		PERMIT		of Illinois I <mark>ttion of Dead Hui</mark>		
		FULL NAME OF DECEDENT:				AGE: 6.5	SEX: MALE U.S. WAR	- J
		PLACE OF 57	RONG	MENI	HOSP. K	OCHESTER	OUNTY OF HONROE	ATION
(DATE OF 7/6	3/41	CAUSE OF DEATH:		HOPKEUMO	•	골
`		AUC W	ARKI	ING BEEN MET, S FUNE		SPOSE OF A DEAD HUMAN BO		(A).
	ATE OF	ADDRESS: 570	ν .	Leahway	S. R.	whester 7 4	. 14617	<u>~~~~</u> ₽
	بر پر	METHOD OF DISPO	SITION	1	PLACE OF DISPO	SITION (NAME AND LOCATION	OF CEMETERY, CREMATORY OR LABOR	ATORY) ATORY
	£	BURIAL	C SCIENT	FIC STUDY	Plala	Searlelier	Pulita DU	/ ' ≿
	2	CREMATION		J-	PLACE OF DISIN	TEDMENT (NAME AND LOCAT	ON OF CEMETERY, LABORATORY, OLVA	COMPANY COMPANY
	ğ	5 =	$\overline{\Sigma}$	RMENT	PENCE OF WISH	PERMITERY INAME AND LOCAL	ON OF CEMETERS, ENBORATORS, OFFI	3
	1	TRANSIT	X REINTE	CMENT				<u> </u>
	7	DATE: 3/2	2/1181	(SIGNED)	Tenl a	. Mentile		LOCAL REGISTRAR S
	CELATED	REGISTRATION DISTRICT NO.	6-00	ADDRESS:	418 Min	w St. Sens	I Ll. 60439	Š
	۰	SEXTON'S END	ORSEMENT:					
/						THE BODY ACCOMPANYING	THIS PERMIT WAS RECEIVED AND WAS	
(A	ON	, 19	_, IN				CEMETERY, ≅
`		LOCATED AT				(SIGNED)		·
		GRAVE OR VAULT:	BLOCK	10	iτ	GRAVE		SEXTON
						JIMIE		SEE OTHER SIDE
		VS 204 (1962)	△58760-6	ILLINOIS	DEPARTMENT	OF PUBLIC HEALTH -	SPRINGFIELD '	L